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27885 7	Fe pa ha	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
Fay Sharpe LLP 1228 Euclid Aven The Halle Building Cleveland, OH 44	ue, 5th Floor	1/2009		Con		63.5 m	missionVia EFS well deposited with the United telas mail in an envelope above, or being facsimile tte indicated below.
333733333, 33277	113			Elaine Ch	neco	vich	(Depositor's name)
				Elane	20R	erouth	(Signature)
				9-	11-0	9	(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENT		ATTOR	NEY DOCKET NO.	CONFIRMATION NO.
10/044,630 TITLE OF INVENTION: D	01/11/2002 PYNAMIC NUMBER	AUTHENTICATION F	Michael A. Keresman III FOR CREDIT/DEBIT CAR	DS	PI	RAZ 2 00011	8623
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	EFF	TOTAL FEE(S) DUE	
nonprovisional	YES	\$755	\$300	\$0	J. LEL	\$1055	DATE DUE
EXAMINE	ER	ART UNIT	CLASS-SUBCLASS			41000	09/11/2009
SHERR, CRISTINA O 3685			705-067000	ļ			
1. Change of correspondence CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicati PTO/SB/47; Rev 03-02 o Number is required. 3. ASSIGNEE NAME AND	ence address (or Char (2) attached. ion (or "Fee Address" or more recent) attache RESIDENCE DATA	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THE PATENT (print or type)					
PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE Cardinal Comm	an assignee is identif 37 CFR 3.11. Compl EE merce Corp	fied below, no assignee etion of this form is NO poration	data will appear on the pa I a substitute for filing an a (B) RESIDENCE: (CITY Mentor, OH	tent. If an assignee ssignment. and STATE OR CO	UNTRY	T)	
4a. The following fee(s) are so Issue Fee Dublication Fee (No sm Advance Order - # of O	ubmitted: nall entity discount pe	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038—is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 06-0308 (enclose an extra copy of this form).					
5. Change in Entity Status (i	from status indicated a ALL ENTITY status						
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Authorized Signature Date 9/11/0 Typed or printed name							
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